



La Habra Active Day Camp — Summer 2017 Registration Form

Child's Last Name _____ Child's First Name _____ Middle _____ Sex: ☐ Male ☐ Female

Address (Street, City & Zip) _____

Name of Mother/Guardian _____

Name of Father/Guardian _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

Birthdate _____

Age of Camper (As of June 1, 2017) _____

School _____

Shirt Size _____

List any allergies and/or medical conditions that staff should be aware of: _____

Is your child presently under a doctor's care? ☐ Yes ☐ No If Yes, Doctor Name _____

PHONE: _____

Doctor's Address _____

Authorized People:

Aside from the parents listed above, please name all authorized people who may pick up your child

Name: _____	Phone: _____	Relationship _____
Name: _____	Phone: _____	Relationship _____
Name: _____	Phone: _____	Relationship _____
Name: _____	Phone: _____	Relationship _____
Name: _____	Phone: _____	Relationship _____

Custody Problems

We will assume the parent(s) who registers the camper will have custody of the child. If there are custody issues, which might involve staff, please notify the Director immediately.

☐ Yes ☐ No

Schedule Your Summer:

Week 1: (6/5-6/9)	_____
Week 2: (6/12-6/16)	_____
Week 3: (6/19-6/23)	_____
Week 4: (6/26-6/30)	_____
Week 5: (7/3-7/7)*	_____
Week 6: (7/10-7/14)	_____
Week 7: (7/17-7/21)	_____
Week 8: (7/24-7/28)	_____
Week 9: (7/31-8/4)	_____
Week 10: (8/7-8/11)	_____
Week 11: (8/14-8/18)	_____

OFFICE USE ONLY:

REGISTRATION FEE: _____

SHIRT: _____

BINDER COPY: _____

CAMP COPY: _____

APPLICABLE DISCOUNTS:

_____ Resident _____ Sibling

*Camp is closed on 7/4

PHOTO LIABILITY RELEASE

The City of La Habra has my consent to photograph my child for archival or public relations purposes, which includes but is not limited to: City of La Habra Website, Life in La Habra Magazine, La Habra Active Shutterfly Page, La Habra Recreation Division Facebook Page, La Habra Twitter, and La Habra Recreation Division Instagram.

PICK-UP PROCEDURE

For the safety of your children, a PHOTO ID must accompany every person permitted to pick up your child. There will be no exceptions to this policy. If you would like someone to pick up your child who is not on the list, please send written notification prior to the date that individual will pick up your child.

TRANSPORTATION AUTHORIZATION

I hereby give my permission for my child to be picked up in a bus from Certified Transportation, transported to the field trip location and returned to the camp location.

2017 RELEASE OF WAIVER AND LIABILITY FORM

The Undersigned, _____, who is one of the authorized representatives of the above-named child, a minor, (who resides at address listed on same), herein authorizes the adult sponsor of the La Habra Summer Day Camp, or any responsible adult person bearing this written authorization into whose said care the above-mentioned minor has been entrusted, to consent to any care necessary to preserve the life, limb or well-being of the child named above. An x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medicine Practice Act, and to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the California Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care. This authorization shall remain effective until the end of child care at La Habra Summer Day Camp, unless sooner revoked in writing and delivered to the adult sponsor of aforesaid La Habra Summer Day Camp activity.

E-MAIL WAIVER

La Habra Active Day Camp is going **green**, which means we will be using e-mail for communicating with our Day Camp community as much as possible this summer in order to save resources and communicate more efficiently. As a result, we need to make sure we keep our e-mail database current in order to keep you properly informed. Please complete the form so we can add you to the database.

E-Mail Address (Primary)

E-Mail Address (Secondary, If desired)

Parent/Guardian Signature

Parent Name (Printed)

Date

Parent/Guardian Signature

Parent Name (Printed)

Date